## New Jersey Department of Health and Senior Services Nursing Home Administrators Licensing Board

## APPLICATION FOR APPROVAL OF NURSING HOME ADMINISTRATOR-IN-TRAINING PROGRAM OR ASSISTANT ADMINISTRATOR POSITION

Mailing Address: PO Box 367 Trenton, NJ 08625-0367 Overnight Services (UPS, FedEx, Airborne): 120 South Stockton Street, Lower Level Trenton, NJ 08611-1730

Name of Applicant			Social Sec	curity Number	
Street Address			•		
City, State, Zip			Telephone	Number	
Name of Licensed Long Term Care Facility Training Site					
-					
Street Address	-				
City, State, Zip			Telephone	Number	
Type of Program_		_			
☐ Administrator-in (N.J.A.C. 8:34-4.	2) (N.J.A.C.	. 8:34-4.1)	(N.J.A.C. 8:34	•	
If a waiver of any of the internship is being requested, state the specific reasons that justify this and include any supporting documentation. (To be completed by the applicant) (N.J.A.C. 8:34-1.8)					
(10 be completed by the applicant)	(14.5.74.0. 0.04 1.0)				
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Total Number of Hours to be Comp	oleted Program Start Da	ite ,	Anticipate	d Completion Date	
	— '			' '	
Work Plan for Administrator-in-Training Program (To be completed by the preceptor, outlining the length of time in each of the nine required					
areas and type of experience that will be provided for the applicant.) (Attach additional sheets if necessary.)					
Signature of Applicant			Date		
STATEMENT BY PRECEPTOR FOR ADMINISTRATOR-IN-TRAINING					
I am currently and have been licensed as a Nursing Home Administrator in New Jersey for at least five (5) years and have actively practiced as a Nursing Home Administrator in a long term care facility for the immediate past three (3) years (N.J.A.C. 8:34-4.3).					
Name of Preceptor (Must be Licensed Nursing Home Administrator)			NJ License	NJ License Number	
Signature of Preceptor			Date		
FOR STATE USE ONLY					
Approved	Signature			Date of Approval	
□Yes □No	I				

NH-8 Distribution: Original - NJDHSS JUN 01 Copy - Applicant